

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003396

FILED
Feb 01, 2008
Secretary of State

Entity Name: TOTAL ENVIRONMENTAL SOLUTIONS, LLC

Current Principal Place of Business:

6405 CONGRESS AVENUE
SUITE 125
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6405 CONGRESS AVENUE
SUITE 125
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-1003244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C/O TRIPP SCOTT, P.A.
110 SE 6TH STREET
15TH FLOOR
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TOOMEY, MICHAEL MEMBER
Address: 6405 CONGRESS AVENUE, SUITE 125
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM () Delete
Name: MORENO, ALEJANDRO MEMBER
Address: 6405 CONGRESS AVENUE, SUITE 125
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TOOMEY, MICHAEL
Address: 6405 CONGRESS AVENUE, SUITE 125
City-St-Zip: BOCA RATON, FL 33487

Title: MGR (X) Change () Addition
Name: MORENO, ALEJANDRO
Address: 6405 CONGRESS AVENUE, SUITE 125
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL TOOMEY

MGR

02/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date